

COLLEGE OF PSYCHOLOGISTS OF BRITISH COLUMBIA

Orientation Workshop

Request to be scheduled

- I acknowledge that I am an applicant for registration with the College.
- I have read the *Registration Requirements* document and understand all College policies and procedures related to the workshop indicated above.

Please register me for the following Orientation Workshop:

Full Legal Name: _____

Today's Date: _____

- By completing and submitting this form, I acknowledge that my request to be scheduled for this workshop is contingent upon determination of my eligibility to attend. I understand that I will be informed by the College if any issues arise with respect to this request.